1. PLACE OF DEATH		(23)		-1
County Juleau Uun	۷		Registration Dist. No. 2	54
Village or City Juleur	aem	No	St.,	War
Length of residence In city or town where deeth o			tution, give its NAME instead of street a of foreign birth?yrs	
2. FULL NAME Clara U	require &	enney		
(a) Residence: No. Julen	Usualplace of abode)	St.,	If nonresident give city or town	and State
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL (CERTIFICATE OF DEATH	1
	NGLE, MARRIED, WIDOWED, PDYORCED (write the word)	21. DATE OF DEATH	August 13-	193 🕏
. If married, widowed or divorced HUSBANO of	^			
(or) WIFE of Jacoh S.	Denney.	22. HEREB	Y CERTIFY, That I attend	
DATE OF DIRTH (mall)	30-18/61	I lest saw h_ar alive on	D 14	; deeth is sa
AGE Yeers Months	Days If LESS than	to have occurred on the date sta	7 7 36	e, Geeth 15 5a
79 1	13 1 dey,hrs.	The PRINCIPAL CAUSE OF DEA	ATH end related ceuses of Importence	
8. Trede, profession, or perticular	ormin.	were as follows:		Data of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usunge.	Pulmonary	Januar lage	
9. Industry or business in which		Complicat	Pulsung Jac	les culos
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	·····	-	1	
10. Date deceased lest worked et this occupation (month and yeer)	11. Totel time (yeers) spent in this 40 yru			
BIRTHPLACE (city or town) Hr Que	untum,	Other Contributary Causes of Im	portence:	
(State or country)	ma	-		
13. NAME Kakert K	Beyon!			
14. BIRTHPLACE (city or town) De 20	executary.	Name of operation	Date o	
(State or country)	74-1		Was there	
15. MAIOEN NAME PROBLEM	Harres.		nuses (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) 280	Cax- Co		Oete of injury	_
(Stete or country)	ma	Where did injury occur?		, 13
Jacal S. O	Lunes		(Specify city or town, county and in INOUSTRY, In HOME, or In PUBLIC	State)
(Address) July 1	un me	- Opening material injury occurred	With the state of	TENUE.
BURIAL, CREMATION, OR REMOVAL	See I -	Manner of Injury		
Plece Coutheriel Oet	e uly 45, 193 2	Nature of Injury		
UNOERTAKER Barton Pro (Address)	and Mid		wey related to occupation of deceased?	No
0 111 210	mal 1	If so, specify (Signed)	Fisher	/ M
FILED MA, 1 4 1933 - Vollen	. Ulli. I I I A AAA	199 (018100)		

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
`				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
MUDITIONAL	DI ALVIE	LOIL	T. OTOTALISM	DIVITION	LJ A	T TT T DI CITATA

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	08272
1. PLACE OF DEATH		93-c)	
County Muleu	aun.	Registration Dist. No. 25	2
Village or City Jule	en ann	No. St.,	Ward
Length of rasidence on city or town when		f death occurred in a hospital or institution, give its NAME instead of street areds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME COM	reine much	Pikin Holland.	
(a) Residence: No.	ceams of	St., Ward.	
(a) hesidence. Ho.	(Usual place of abode)	If nonresident give city or town	and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Sa. If marriad, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug! Z ud	193 3 5 (Year)
(or) WIFE of John	Halloud.	22. Jaw STEREBY CERTIFY. That I attend	ed daceasad from
6. DATE OF BIRTH (month, day, and year)	100. 201858	I last saw har aliva on aliva on aliva on 193	3 death is sald
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to have occurred on the date statad above, atm.	
15 8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsat
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2/	00 1 07/	1933
	flone	Cerebral Hemorrhage	2/2/17
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		***
12. BIRTHPLACE (city or town)	een aur.	Dthar Contributory Causes of importance:	693
(Stata or country)	rearyland	Chronic / nyvousteles	Jaw
13. NAME 14. BIRTHPLACE (city or town)	Mullefin		
14. BIRTHPLACE (city or town)	g	Name of operation Oata of	
(Stata or country)	warzious	What tast confirmed diagnosis? Was there a	n autopsy?#
15. MAIDEN NAME SAKAS	· amy eracles	23CH down wes due to external causes (VIOLENCE) fill in also the follow	ing:
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicida? Oata of injury	, 19
(State of Country)	Tary Carro	Where did injury occur?(Specify city or town, county and S	olate)
17. INFORMANT ALCO SE GALLANDESS)	een ann.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Hillston	Date 1997, 1957	Natura of injury	
19. UNOERTAKER	Moon	24. Was disease or injury in any way related to occupation of deceased? If so, spacify	m
20. FILED aug 4, 1933 TT	amis & Bright	(Signed) Auson OTiony (Address)	M. O.
U If mo	re blanks are needed, address Style Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 11 Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: RUREAU Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08273
1. PLACE OF DEATH County below here	Registration Dist. No. 25-1
Village or Che Chan Che No 20 R. Fe	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME / 28 ALL Journel 19	is on
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH CONT 14 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 10 193 &	I last saw h 4 alive on Reg 12 1,19 3 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above at 6 A.m.
11 4 1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH end-related causes of importance were as tollows
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Old Coller 1991
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	A
12. BIRTHPLACE (city or town)	Other Schributory Causes of importance:
	Mest
13. NAME WWW. delaware	Neme of operation Date of Date of
(State of country)	What test confirmed diagnosis? Clegical Westhere an europsi?
15. MAIDEN NAME / Ilanch Cheers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / 3 Lanch Cheen	Accident, suicide, or homicides Oate of injury
(State or country) Julia Man Con Mad	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT WM : / Authority (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Alle
Place Salam Colo Cara Oate My 3, 199	Nature of Injury Uplie 7
19. UNDERTAKER The Hold and	24. Was disease of injury In any way related to occupation of deceased?
20. FILED aug 17, 19 8 3 Thy Food Registrar,	(Signed) Coffee D. J. Deelle M. D. (Address) Cleb D. Heloke 4
If more blanks are needed, address State Registra	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GEP 8 193			
Other contributory causes of importance:	6.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	- W
County Lugar Cecure	Registration Dist. No. 252
Village or City Centrevelle	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of toreign birth?yrs
2. FULL NAME Mary Elizabet n	(Agra)
	C) Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 193 3
5a. If married, widowed, or divorced	(North) (Day) (Year)
(or) WIFE of Jake M. Mason	22 THE REBY CERTIPY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) July 24 -1881	last saw half alive on 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 112 g.m.
52 0 7 1 day,hrs	The act tollows.
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	allement of the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	4100
10. Date deceased last worked et this occupation (month end spent in this	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) No Centrerete	Other Contributory Causes of Importance:
(State or country)	Willia Helmon
13. NAME Jahre France	
14. BIRTHPLACE (city or town) Bactimere	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Men I Carecree Ellist	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mus Julia France	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR BEMOVAL	
Place Centreville Date Mug, 3, 193	Manner of injury
Barton 12101	Tractile of injury
19. UNDERTAKER OUT A CONTROL OF C	24. Wes disease or injury in any wey related to occupetion of deceased?
0 1000	(Signed) M.sp.
20. FILED May 3, 1933 Mannie S. Borght.	(Address Liller) M. W.
If more blanks are needed, address Stafe Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08274
1. PLACE OF DEATH	(34)
County Chilles Chilles	Registration Dist. No. 253
Village or City Cles VE	No. St., Ward
(If Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign blrth?
Length of residence in city of town whate death occurred	as now long in 0.5. it of foreign bittir
2. FULL NAME GHANAL	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHUGUA 15, 193 3, (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurrad on the date stated above, atm.
about 3 - I day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_ 8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER yetes f shurker.	Dustillo 1929
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1 1 - 1
0 \$10. Date deceased last worked at 11. Total time (years)	found alas sugrestives
this occupation (month and spent in this occupation occupation	viecessay reported
12. BIRTHPLACE (city or town) 2 7 1 10 10	Othar Contributory Causes of Importance:
(State op country) / DV & acoluna	Fo Ch. Walls Clubolada
E 13. NAME Laces ME Reil	(Coones)
13. NAME LUCES ME MELL 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) / Della Carolin	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wilenown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME WENOWN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
S (State or country)	Where did injury occur?
17. INFORMAND a Sueo doz Sattelugier	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION OR REMOVAL	
Place & Ollster Date Que 17,19.33	Manner of injury
2001	Nature of injury
19. UNDERTAKER TO THE TOTAL OF THE STATE OF	24. Was disease or injury in any way related to occupation of deceased?
11 11 22 20 11	(Signed) Illouds With Williams M. D.
20. FILED Sug / 6 , 19 55 T. Common Registrar.	(Address) Planus rill
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 08276
County July auce	Registration Dist. No. 2 52
Village or City De Centaville	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredvrs	mos ds. How long in U.S. if of foreign birth?yrs mos d
2. FULL NAME Parter J. Price	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OD RACE OR DIVORCED (with the word)	Johns 2. 4.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) June 15-187	last saw h alive on 2 3 - 19 33; death is sai
7. AGE Years Months Days If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, Salesshaw	Chronic Interstitial nephritis
9. Industry or business in which	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) No Conficulty (State or country)	Other Contributory Causes of importance;
60	
13. NAME Playe & Price 14. BIRTHPLACE (city or town) (State or country) We Cuttlevele	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eurly and Milliam	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Surly auth Milliam 16. BIRTHPLACE (city or town) The Centure	
17. INFORMANT My Nelson Braux	
18. BURIAL, CREMATION OR REMOVAL Place Cut hearle Date aug 76 19 3	Menner of Injury
19. UNDERTAKER Barton Pra	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED aleg 26, 19 III amis & Brigh	(Signed) W The Freday M. (Address) Database 2008

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3,125,125			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E.	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
	-WRITE PL.	mation shoule	CAUSE OF I	TION is very

County City County Coun	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Langth of residence in city or town where deeth occurred. (a) Residence: No. Cutual place of abody PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCE, MARTHE WIDOWN DOWN DOWNERD (crime the word) ON DIVORED (crime the word) ADATE OF BRITH (month, day, and year) 7. AFF Years ON DIVORED (crime the word) S. I list saw fill. S. ANYES, BOOKEEPE, etc. S. How so down as 9 sinking. ANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. HOW so down as 9 sinking. SANYES, BOOKEEPE, etc. S. HOW so down as 9 sinking. SANYES, BOOKEEPE, etc. S. HOW so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. So down and sinking and sinking are 192 sinking. SANYES, BOOKEEPE, etc. S. How so down as 9 sinking. So down and sinking are 192 sinking. So down and sinking are city of town and sinking are city of town and sin	1. PLACE OF DEATH	08277
Langth of residence in city or town where death occurred years of the Aborate of a Aborate or instinction, give in NAME instead of street and number) 2. FULL NAME William Wi	County Jusen lines Cur	Registration Dist. No. 252
Cit death occurred in a hospital or institution, give in NAME instead of threet and number)	Village or City men ale Queen	expler St. Ward
2. FULL NAME (a) Residence: No. Cutable William Willi	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Cutable of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the wind) O		ds. How long in U.S. if of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS 9. SEX 4. COLOR OR RACE OR DIVORED ("wint the word) Or DIVORED ("wint the word) Or Or	2. FULL NAME William W. Thom	as
PERSONAL AND STATISTICAL PARTICULARS 3. SIX		
3. SEX 4. COLOR OR RACE OR DIVORCED Covir the words OR DIV		
The PRINCIPAL CASE of the word of work does as SPINNER, STANDER, BOTHERFR, CC. STANDER BOTH (Country) 1.2. BIRTIPLACE (city or town). (Slete or country) 1.3. NAME 1.4. BIRTIPLACE (city or town). (Slete or country) 1.5. MADEN NAME 1.6. BIRTIPLACE (city or town). (Slete or country) 1.5. MADEN NAME 1.6. BIRTIPLACE (city or town). (Slete or country) 1.5. MADEN NAME 2.5. If death was due to external causes (VIDLENCE). fill in also the following: Accident, suicide, or homicide? Date of injury. Newbere did injury occur? (Specify viry town, country and Shetc). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 1.6. BIRTIPLACE (city or town). (Shetc) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 1.6. BIRTIPLACE (city or town). (Specify viry town, country and Shetc). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 2.4. Was disease or injury in any way related to occupation of decased? 1.6. Signed). 1.6. Signed). 2.6. Was disease or injury in any way related to occupation of decased? 1.6. Signed). 2.6. Was disease or injury in any way related to occupation of decased? 1.6. Signed).		
59. If married, widowed, or distributions of the procession of particular short of (or)—MISSAND of (or)—MISSAN	OR DIVORCED (write the word)	august 12 100 3
HISBAND of (or) where of the control	will be well	(Month) (Day) (Year)
EDATE OF BIRTH (month, day, and year) 7. ACF Vears Months Days If LESS than I day hts. https://dx.dest.dest.dest.dest.dest.dest.dest.dest	HUSBAND of	22. IMEREBY CERTIFY. Thet/ attended deceased from
7. ACF Years Months Days ITLESS than I day	(01)	
Strade profession, or particular kind of work done, as SPINKER, SWAYER, BONKEPER, etc. Swayer Age of the stranger of the s	6. DATE OF BIRTH (month, day, and year)	I last saw nealive on 7 / 8 , 19 33; death is said
8 Trade, profession, or particular SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9 Tridustry or business in which work was done as SILK MILL, Spenii in this occupation Other Contributory Causes of importance: Respective or country What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Netered id Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of In		to have occurred on the date stated above, at R_m.
Trade, profession, or particular State of the state o		wasa aa fallawa:
Other Contributory Causes of importance: 12. BIRTIPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION OR REMOVAL Place 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 10. FILED Clugg 14., 1933 Thaming Broads Resultar CAddress) Continued diagnosis? Was there an autopsy? 20. FILED Clugg 14., 1933 Thaming Broads Continued diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Was disease or injury 19. UNDERTAKER CAUTURE CANADA Resultar CAddress) Continued Cauture Cautu	8 Trade profession or particular	Brain Tumor Syphilomas Date of onset
Other Contributory Causes of importance: 12. BIRTIPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION OR REMOVAL Place 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 10. FILED Clugg 14., 1933 Thaming Broads Resultar CAddress) Continued diagnosis? Was there an autopsy? 20. FILED Clugg 14., 1933 Thaming Broads Continued diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Was disease or injury 19. UNDERTAKER CAUTURE CANADA Resultar CAddress) Continued Cauture Cautu	SAWYER, BOOKKEEPER, etc.	Cerebral poflering 27
Other Contributory Causes of importance: 12. BIRTIPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION OR REMOVAL Place 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 10. FILED Clugg 14., 1933 Thaming Broads Resultar CAddress) Continued diagnosis? Was there an autopsy? 20. FILED Clugg 14., 1933 Thaming Broads Continued diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Was disease or injury 19. UNDERTAKER CAUTURE CANADA Resultar CAddress) Continued Cauture Cautu	9. Industry or business in which work wes done, as SILK MILL,	Syphilomamonat a true turnor. Preva
Other Contributory Causes of importance: 12. BIRTIPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION OR REMOVAL Place 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 19. UNDERTAKER CAUTURE 10. FILED Clugg 14., 1933 Thaming Broads Resultar CAddress) Continued diagnosis? Was there an autopsy? 20. FILED Clugg 14., 1933 Thaming Broads Continued diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Was disease or injury 19. UNDERTAKER CAUTURE CANADA Resultar CAddress) Continued Cauture Cautu	SAW MILL, BANK, etc.	Located in subcortical, a infringing on oftin
Other Contributory Causes of importance: Other Contributory Causes Oth	Spent III this	thalarous QI +
13. NAME 14. BIRTHPLACE (city or town) Name of operation. Date of) C . O .	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) Name of operation Date of		0 0
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION, OF REMOVAL Date Date Date Date Date Date Date Date		desperator ferrance
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION, OF REMOVAL Date Date Date Date Date Date Date Date	I IS. NAME	Myshilis
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL GREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Clag 14, 1933 Illamii & Baraha (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Address)	I.4. BIRTHPLACE (city or town)	
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) I8. BURIAL GREMATION, OR REMOVAL Place Place Date Date 19. UNDERTAKER (Address) Continuel: Address) Continuel: Régistrat. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 19. UNDERTAKER (Address) Continuel: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)		
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) I8. BURIAL GREMATION, OR REMOVAL Place Place Date Date 19. UNDERTAKER (Address) Continuel: Address) Continuel: Régistrat. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 19. UNDERTAKER (Address) Continuel: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	13. MAIDEN NAME	
17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place or Riddle Date Organica (Address) 19. UNDERTAKER Bactor Brown Date Organical State Organic	O 16. BIRTHPLACE (city or town).	
17. INFORMANT (Address) 18. BURIAL PREMATION, OF REMOVAL Place re Riddle Date Registrar. 19. UNDERTAKER Bactor Brown (Address) 20. FILED Reg 14, 1933 Thaning B. Borght Registrar. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address)	(State of County)	(Specify city or town, county and State)
18. BURIAL OREMATION, OR REMOVAL Place The Riddle Date Aug 14, 19.3.2 19. UNDERTAKER Backon Bro 24. Was disease or injury in any way related to occupation of deceased? 20. FILED Aug 14, 19.3.3. Thankin B. Boraht Régistrar. (Address) Coulomb Registrar. (Address) Coulomb Registrar.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place no Riddley Date Date Neture of injury 19. UNDERTAKER Bacton Bro (Address) Controlli Md 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address) (Address)		
19. UNDERTAKER Bacton Br. (Addiess) Centrolli Md 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Centrolli M. D. (Address) Centrolli M. D.		
(Address) Centroieli Md If so, specify 20. FILED aug 14, 1933 Thaming B. Borght Registrar. (Address) Centroieli Md (Signed) (Address) Centroieli Md M. D.	0 10	
20. FILED aug 14, 1933 Marin & Borald (Signed) Coulomble has M. D. (Address)		
20. FILEDUNG 77-, 1923 11 Command Brights (Address) Couling the Tut-	0 1 1 11 0 0 - 01	
	the state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year